

STATE OF IOWA EARLY OUT 3 INCENTIVE PROGRAM APPLICATION

THIS APPLICATION AND RELEASE MUST BE SIGNED AND FILED WITH YOUR PERSONNEL ASSISTANT ON OR BEFORE MAY 21, 2004

Name:
SSN:
Date of Birth:
Work Telephone:

Department:
Home Address:

This is my application for participation in the Early Out 3 Incentive Program (Program) as provided in House File 2497. I understand that my election must be approved by the State of Iowa and if approved, that I will voluntarily resign or retire effective _____. I understand the opportunity to apply for the Program ends on May 21, 2004, with the earliest possible date of separation from employment being July 2, 2004 and the last possible date of separation from employment being August 12, 2004.

I meet the eligibility requirements for this Program by having a combination of IPERS and/or POR covered service and an age that will equal or exceed a total of 75 years, as of December 31, 2004. I understand my eligibility in this Program does not necessarily make me eligible for retirement benefits, and I understand my participation in this Program does make me ineligible for future permanent state employment.

I have been previously provided information about this Program, including, but not limited to, the options for insurance continuation and deferral of a portion of my initial incentive payment to a deferred compensation plan. I understand the terms and conditions of the Program, including that all payments made under this Program are earned income and are subject to state and federal taxes.

I understand that I may revoke this Application within seven (7) calendar days after I sign it or up to and including the date of my termination from employment, whichever is later. If I elect to change my effective date of termination from employment, I understand that I must complete a new Application and Release form.

For use by agency Personnel Assistant Only

Application and Release Completed _____ / _____ / 2004	Termination or Retirement Documents Completed _____ / _____ / 2004
Last Day Worked _____ / _____ / 2004	Terminal Leave Documents Completed _____ / _____ / 2004

RELEASE AND ACKNOWLEDGMENT

I, the undersigned employee, and the State of Iowa agree as follows:

Section 1--Parties

(a) For purposes of this Release and Acknowledgment (Release), the "State" refers collectively to the State of Iowa, its branches, departments, agencies, commissions, boards, offices, or other entity of state government, including its elected officials and employees, and each participating judicial district department of correctional services.

(b) I, the undersigned employee, am an eligible and participating employee in the Early Out 3 Incentive Program.

Section 2--Benefits and Termination of Employment

(a) The State promises that I will receive the benefits for which I am eligible under the Early Out 3 Incentive Program (Program) in exchange for this Release and my voluntary resignation or retirement from employment. I acknowledge that I will not be entitled to receive any of these benefits unless I sign this Release. These benefits will be paid according to the provisions of the Program, as provided in House File 2497 and administrative rules but only if I do not revoke this Release, which I may do within seven (7) calendar days after I sign it or up to and including the date of termination from employment, whichever is later.

(b) I agree that my employment with the State has ended or will end on the date agreed to by me and the State, but no earlier than July 2, 2004 and no later than August 12, 2004. I agree and understand that I am prohibited thereafter from obtaining permanent part-time or permanent full-time employment with the State, except as an elected official. I acknowledge that no one has pressured or coerced me into resigning, retiring or participating in the Program. I further acknowledge that no one made any representations to me (other than the representations contained in the official written documents for the Program and the official website) about the Program or about benefits or programs that the State may or may not offer in the future. I further acknowledge that my participation in this Program makes me ineligible for the Years of Service Incentive Program established in Iowa Code section 70A.38. I further acknowledge I am not entitled to rely upon written or verbal representations made to me other than contained in the official Program documents.

(c) I understand that I am responsible for paying any taxes on payments I receive by participating in the Program. I agree that the State is to withhold any and all taxes and other deductions as it determines it is legally required or authorized to withhold.

(d) I affirm that I meet the eligibility requirements to participate in the Program and I acknowledge it is my responsibility to confirm or make sure that I am eligible for the Program.

Section 3--Complete Release

(a) *Release*

I irrevocably and unconditionally release the State from all known and unknown claims, promises, causes of action, or similar rights of any type arising under statutes, regulations, Constitutions, administrative rules, and common law doctrines, that I may have arising out of my employment with, or separation from, the State ("Claims"). The Claims I am releasing include, but are not limited to, any and all Claims:

- (i) arising out of my employment with the State, including the termination of that employment, and any and all administrative or statutory grievance claims;
- (ii) relating to the design or administration of the Program or any other employee benefit program;
- (iii) relating to payment of accrued sick leave and accrued vacation pursuant to Iowa Code sections 70A.23 and 91A.4;
- (iv) for discrimination based on age, race, creed, color, sex, national origin, religion, or disability, including but not limited to claims filed before the Iowa Civil Rights Commission or the EEOC and claims based upon federal and state laws; and
- (v) pursuant to the federal Age Discrimination in Employment Act, 29 U.S.C. section 621, et seq., which prohibits age discrimination in employment.

However, I am not releasing my right to enforce this Release or to assert any claim that may not be waived pursuant to law, such as claims under Iowa Workers' Compensation laws. I am not waiving my right to pursue any lawsuits filed on or before the last date of my termination from employment. I am voluntarily participating in the Program and voluntarily terminating my employment with the State.

(b) *Unknown Claims*

I understand that I am releasing Claims that I may not know about, and that is my intent. I understand I have the right to revoke this Release on or before the effective date of my separation from employment or within seven (7) calendar days after signing this Release, whichever is later, if a claim becomes known to me prior to the expiration of the revocation period. My failure to revoke this Release acknowledges my intent to release all Claims against the State that may have occurred up to and including the date of my separation from employment.

Section 4--Consideration of Release/Notification of Rights Pursuant to the Federal Age Discrimination in Employment Act

(a) I acknowledge that I was given a period of at least forty-five (45) calendar days to consider this Release, and was provided access to statistical data on the persons eligible for benefits under the Program through the State website, http://das.hre.iowa.gov/early_out_3.htm or through consultation with my Personnel Assistant.

(b) I acknowledge that:

- (i) I took advantage of this period to consider this Release before signing it;
- (ii) I carefully read this Release;
- (iii) I fully understand it; and
- (iv) I am entering into it voluntarily and knowingly.

(c) I further acknowledge that the State has advised me to consult with an attorney prior to signing this Release, and I acknowledge that I have consulted with or have had the opportunity to consult with an attorney prior to signing this Release.

(d) I may revoke this Release any time up to and including my date of termination from employment or within seven (7) calendar days after signing this Release, whichever is later. To be effective, the revocation of the Release must be made in writing and delivered to my Personnel Assistant within these time limits. If the written revocation is mailed, it must be postmarked within the required time period, and addressed to my Personnel Assistant.

Section 5--Entire Agreement

This Release is the entire agreement between me and the State. This Release may not be modified or canceled in any manner, other than revocation by me within the time period and manner provided in section 4(d), unless made in writing and signed by both me and an authorized State official of the employing agency and the Iowa Department of Administrative Services. I agree and understand this Release is not an admission of guilt or wrongdoing by either myself or the State. I acknowledge that the State has made no promises to me other than those in this Release. If any provision in this Release is found to be unenforceable, all other provisions will remain fully enforceable. The State is not required to sign this Release for it to become binding upon both me and the State.

**TAKE THIS APPLICATION AND RELEASE HOME, READ IT, AND CAREFULLY
CONSIDER ALL OF ITS PROVISIONS BEFORE SIGNING IT.
IT INCLUDES A RELEASE OF KNOWN AND UNKNOWN CLAIMS.
YOU SHOULD TAKE ADVANTAGE OF THE CONSIDERATION
PERIOD AFFORDED BY SECTION 4 AND CONSULT
WITH YOUR ATTORNEY.**

**YOU MAY SUBMIT THE SIGNED APPLICATION AND RELEASE AT ANY TIME
DURING THE ENROLLMENT PERIOD.
TO PARTICIPATE IN THE PROGRAM, YOU MUST SIGN AND SUBMIT
THIS APPLICATION AND RELEASE TO YOUR PERSONNEL ASSISTANT
ON OR BEFORE MAY 21, 2004.**

Signature of Early Out 3 Incentive Program Applicant

Date

Printed Name of Early Out 3 Incentive Program Applicant

Personnel Assistant - Signature

Date Received

Printed Name of Personnel Assistant

Department

Email Address of Personnel Assistant

Phone

Note to Personnel Assistant: Keep a signed copy of this document in the employee's official personnel file.